

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>E91459 348</i>	FILING DATE <i>11-15-99</i>				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4	1						54				
5		1					55				
6		2					56				
7	1						57				
8		1					58				
9		2					59				
10	1						60				
11	1						61				
12	1						62				
13		2					63				
14		1					64				
15		1					65				
16	1	1					66				
17	1	1					67				
18	1						68				
19	1						69				
20	1						70				
21	1						71				
22	1						72				
23	1	1					73				
24	1	1					74				
25	1	1					75				
26							76				
27							77				
28							78				
29							79				
30							80				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	11						TOTAL IND.				
TOTAL DEP.	15						TOTAL DEP.				
TOTAL CLAIMS	24						TOTAL CLAIMS				